MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

04049

Reg. Dist. No. 2-8-6

1. PLACE OF DEATH:
County St. Mary's
City or town Rural Palmers
(If outside city or towu limits, write RURAL and give nearest town)
How long in above place of death? 1 day 6 hrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's
City or town Rural Palmers
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME James Harold Angle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-29-41

8. AGE: Years	Months	Days	If less than one day
		1	6 hrs. ... min.

9. Birthplace Palmers Md
(Towu, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Joseph Leo Angle
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Mrs Lillian Blanche Davis
15. Birthplace Calvert Md

16. Informant Joseph Angle
Address Palmers Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 4 30 41 (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Bushwood Md

18. Funeral director W. P. Matthews Bros
Address Leonardtown Md

19. 4-30-1941 (Date rec'd by registrar) N. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30- 19 41 at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-29- 19 41, to 4-30- 19 41
and that I last saw h alive on 4-30- 19 41

	DURATION
Immediate cause of death Prematura birth	
Due to malformation of heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other
Address Avenue Md Date signed 4-30-41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04050

Reg. Diat. No. 286

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: St. Mary's
City or town: Rural Palatine
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 hrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St. Mary's
City or town: Rural Palatine
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: William Edward Angle

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 4-29-46

8. AGE:

Years	Months	Days	If less than one day
			7 hrs. ... min.

9. Birthplace: Palatine, Md. (Town, county, and state)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: Joseph Aloysius Angle
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mrs. Lillian Louise Smith
15. Birthplace: Adelphi, Md.

16. Informant: Joseph Angle
Address: Palatine, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4 30 46 (month) (day) (year)
Cemetery or crematory: Sacred Heart
Location: Bushwood, Md.

18. Funeral director: W. C. Matthews Son
Address: Leonardtown

19. 4-30-1946 (Date rec'd by registrar) W. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-29-1946, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-29-1946, to 4-29-1946
and that I last saw h... alive on 4-29-1946

	DURATION
Immediate cause of death: Pulmonary atelectasis	
Due to: Malformation of heart	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert V. Palmer, M. D. or other
Address: Greenwell Date signed: 4-30-46

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-a

CERTIFICATE OF DEATH

04051

FILM No. I 01 MAY - 3 1946

Reg. Dist. No. 252

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: St. Mary's Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Ridge, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Robert Bennett Sr.

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife Mary C. Bennett

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1875

8. AGE:

Years	Months	Days	If less than one day
70	7/-		hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Oysterman

11. Industry or business

FATHER 12. Name Aubrey Bennett

13. Birthplace Maryland

MOTHER 14. Maiden name Casandy Freeman

15. Birthplace Unknown

16. Informant Robert Bennett Jr.

Address Ridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/24/46 (month) (day) (year)

Cemetery or crematory St. Peters

Location Ridge Maryland.

18. Funeral director C. L. Robinson

Address Dameron Md.

19. 4/23 1946 Carvalho (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1946, to April 22 1946

and that I last saw him alive on April 22 1946

Immediate cause of death	DURATION
(a) Uraemia	2 days
Due to	
Due to Malignant tumor — hypernephroma Left K.	
Other conditions Retroperitoneal tumor, in left lumbar region. (Include pregnancy within 3 months of death)	6 mo.

Major findings of operations Retroperitoneal tumor inoperable Date of op. 4/20/46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Julian S. Love M. D.

Address Leonardtown Date signed 4/24/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1-a)

CERTIFICATE OF DEATH

★ 04052

Reg. Diat. No.

1. PLACE OF DEATH:

County St. Mary's

City or town St. Inigoes (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town St. Inigoes (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Raymond Mace Birch

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	married

6.(b) Name of ~~husband~~ or wife Mary E.

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1871

8. AGE: Years	Months	Days	If less than one day
75	2	1	....hrs. ....min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation retired post Master

11. Industry or business

FATHER 12. Name Wm Mace Birch

13. Birthplace Maryland.

MOTHER 14. Maiden name Annie Taylor.

15. Birthplace Maryland.

16. Informant Mace Birch

Address St. Inigoes, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/22/46 (month) (day) (year)

Cemetery or crematory St. Michaels

Location Bridge, Md.

18. Funeral director P. B. Robinson

Address Leonardtown Md.

19. 4-19-1946 (Date rec'd by registrar) P. J. Beavan M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 1st 1946 to April 19 1946

and that I last saw him alive on April 19 1946

	DURATION
Immediate cause of death Coronary Thrombosis	3 months
Due to	
Due to	
Other conditions Intestinal neoplasm	8 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Beavan M.D. M. D. or other

Address Cremo Mills Md Date signed April 19 46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

04653

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St Marys

City or town: Compton MD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Compton MD

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R F D # 2

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: George E. Bussler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Violet Abell Bussler

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): April 17 1890

8. AGE: Years	Months	Days	If less than one day
55	11	19	...hrs. ...min.

9. Birthplace: Hillsville St Marys Md (Town, county, and state)

10. Usual occupation: merchant

11. Industry or business:

FATHER 12. Name: John Bussler

13. Birthplace: German

MOTHER 14. Maiden name: Kate Knott

15. Birthplace: St Mary's co.

16. Informant: Peter Bussler

Address: Compton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 8 1946 (month) (day) (year)

Cemetery or crematory: Christ cemetery

Location: Chaptico Md

18. Funeral director: W. C. Mattingly Sons

Address: Leonardtown Md

19. 4/8 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 1946, at 4.10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 5 1946 to Apr 5 1946

and that I last saw him alive on Apr 5 1946

Immediate cause of death	DURATION
Angina Pectoris	
Due to: Arteriosclerosis	
Due to:	
Other conditions: Emphysema	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas. A. Carvalho M. D. or other

Address: Leonardtown Date signed: 4/7/46

MC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

04054

Reg. Dist. No. 286

1. PLACE OF DEATH:
County St. Mary's
City or town Rural Bushwood Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 hours
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Mary's
City or town Rural Bushwood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Agnes Gertrude Carter

3. (b) Social Security Number

4. Sex: fem
5. Color or race: Col
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) 4 - 7 - 46

8. AGE: Years | Months | Days | If less than one day: 7 hrs. ... min.

9. Birthplace Bushwood Md
(Town, county, and state)
10. Usual occupation none
11. Industry or business

FATHER
12. Name Joseph Ignatius Carter
13. Birthplace Blakistone Md

MOTHER
14. Maiden name Mary Katherine Thomas
15. Birthplace Clements Md

16. Informant Joseph Ignatius Carter
Address Bushwood Md

17. Burial Date thereof 4 - 8 - 46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Bushwood Md

18. Funeral director Francis Ignatius Carter
Address Oakley Md

19. 4-8 1946 R. V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 7 - 1946, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 - 7 - 1946, to 4 - 7 - 1946
and that I last saw her alive on 4 - 7 - 1946

Immediate cause of death Premature birth accidental — DURATION 4½ mos.
Due to Hates 2 miscarriages prior to this one
Due to with treatment
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other
Address Avenue Md. Date signed 4-8-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

04155

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St. Mary's
City or town: Rural Leonardstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: St. Mary's
City or town: Leonardstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Jean Marie Childress

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: Randall J.
6.(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1924

8. AGE: Years: 21 | Months | Days | If less than one day: hrs. min.

8. Birthplace: Oklahoma (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business

FATHER 12. Name: Delpat Milburn
13. Birthplace: Unknown

MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown

18. Informant: Randall J. Childress
Address: Leonardstown, Md.

17. Transportation (Burial, cremation, or removal. Which?) Date thereof 7/24/46 (month) (day) (year)
Cemetery or cremetory
Location: Woodward, Oklahoma

18. Funeral director: C. B. Robinson
Address: Leonardstown, Md.

19. 4/24 46 Carl Ellis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 19 46, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
18 to 18
and that I last saw h alive on April 23 1946

Immediate cause of death	DURATION
Suffocation	
Due to: Drowning	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of April 23 46
Where did injury occur? White Point St Inigoes Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Potomac River
Means of injury Injured at work? yes

23. SIGNATURE: Francis J. Greenwell Coroner
M. D. or other
Address: Leonardstown Date signed April 25 46

04656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St Marys
City or town: Calloways (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred: Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St Marys
City or town: Valley Lee
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Frances Cornelius Cuthbertson

3.(b) Social Security Number

4. Sex: Male
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: S
B.(b) Name of husband or wife
B.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Jan 10 - 1946
8. AGE: Years | Months | Days: 46 | If less than one day: ..... hrs. ..... min.
9. Birthplace: St Marys Co Md (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Landrock
13. Birthplace
MOTHER 14. Maiden name: Jane Cuthbertson
15. Birthplace: St Marys Co Md
16. Informant: Jean Cuthbertson
Address: Calloways Md
17. Burial (Burial, cremation, or removal—Which?) Date thereof: April 25 46 (month) (day) (year)
Cemetery or crematory: St Georges Cemetery
Location: Valley Lee St Marys Co Md
18. Funeral director: Wm E Mattingly Sons
Address: Leonardtown Md
19. 4/24 19 46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24th 19 46, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.. to ..... 19.. and that I last saw h... alive on April 24 19 46

	DURATION
Immediate cause of death: Infection	
Due to: Insufficient assimulation	45 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: J F Greenwell Coroner
M. D. or other
Address: Leonardtown Md Date signed April 24 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

CERTIFICATE OF DEATH

014057 282

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MV

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Holly wood Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Holly wood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Albert L. Dean

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Emma Evans Dean

6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Sept 26 - 1881

8. AGE: Years	Months	Days	If less than one day
64	6	11	..... hrs. ..... min.

9. Birthplace Holly St Marys Maryland (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Oscar Dean

13. Birthplace St Marys Co

MOTHER 14. Maiden name Ida Dij Dean

15. Birthplace St Marys Co

16. Informant M. M. Dean

Address Holly wood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9 1945 (month) (day) (year)

Cemetery or crematory Fuji Chapel Cemetery

Location Holly wood Md

18. Funeral director W. C. Mattingly & Son

Address Leonardtown Md

19. 4/8 (Date rec'd by registrar) 19..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1945 at 6.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... last on April 6th 1945 and that I last saw alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage & other injuries	
Due to Fractured Skull & multiple fractures of L. Limbs	
Due to Automobile accident Struck by automobile	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of April 6-1945

Where did injury occur? Hendry Bottom St Marys Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Highway

Means of injury Struck by automobile Injured at work? Walking on road

23. SIGNATURE L. F. Greenwell M.D. Coroner M. D. or other

Address Leonardtown Md Date signed April 8-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04658 282

Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St. Mary's
City or town: Mechanicsville (RFD)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Mary's
City or town: Mechanicsville (RFD)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Wilbur Haldane Dean

3.(b) Social Security Number: 219-07-8057

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Carrie B.
6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): April 29, 1884

8. AGE: Years	Months	Days	If less than one day
62	11	26	...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Auto Salesman
11. Industry or business: Wm C. Dean
12. FATHER — Name: Wm C. Dean
13. FATHER — Birthplace: Maryland
14. MOTHER — Maiden name: Emma F. Jones
15. MOTHER — Birthplace: Maryland
16. Informant: Carrie B. Dean
Address: Mechanicsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/29/46 (month) (day) (year)
Cemetery or crematory: Jay Chapel
Location: Hallowood, Md.
18. Funeral director: C B Gilbert
Address: Leonardtown Md.
19. 4/28 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 1946, at 2:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 — 1946, to April 26 1946
and that I last saw him alive on April 26 1946

Immediate cause of death	DURATION
Acute myocarditis	3 WKS.
Due to: Bronchial Asthma	3 YRS
Pulmonary Tuberculosis	3 YRS
Due to: Varicose Ulcers	2 YRS
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: none done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Aloysius C. Welch M.D. (M. D. or other)
Address: Chaptico Md. Date signed: 4/28/46

Evidence for addition of usual residence of deceased is shown on FILM No. I 01 APR 29 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24)

CERTIFICATE OF DEATH

04059

★ Reg. Dist. No. 28

1. PLACE OF DEATH:

County St Mary's

City or town Clements Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary's

City or town Clements

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Daniel Maurice Drury

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Betty Tennison

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 14 1876

8. AGE: Years	Months	Days	If less than one day
69	9	4	....hrs. ....min.

9. Birthplace Hollywood St Mary's Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John W. Drury

13. Birthplace St Mary's Co

MOTHER 14. Maiden name Mary Raley

15. Birthplace St Mary's Co

16. Informant Mrs Lucy Drury

Address Clements Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 20 1946 (month) (day) (year)

Cemetery or crematory St. Joseph

Location Morganza Md

18. Funeral director W. C. Mattingley

Address Leonardtown Md

19. 4/19 1946 Cancalon

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946 at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1945 to Apr 18 1946

and that I last saw h alive on Apr 17 1946

Immediate cause of death	DURATION
Pulmonary Thrombosis	
Due to	
Due to	
Other conditions Cirrhosis of Liver	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. A. Cancalon M. D. or other

Address Leonardtown Md Date signed 4/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

64160

Reg. Dist. No. 282

1. PLACE OF DEATH:
County: St. Mary's
City or town: Oak Hall Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: St. Mary's
City or town: Oak Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.: ~
(If rural, give LOCATION)
2.(a) If veteran, name war: ~

3.(a) FULL NAME: James C. Gorman

3.(b) Social Security Number: ~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1881?

8. AGE: Years: 65? Months: Days: If less than one day: hrs. min.

9. Birthplace: Washington
(Town, county, and state)

10. Usual occupation: retired

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Wm. J. Lockridge
Address: 410 King St. Alexandria Va

17. removal (Burial, cremation, or removal. Which?) Date thereof: 4/4/46 (month) (day) (year)

Cemetery or crematory:
Location: Alexandria Va.

18. Funeral director: O. B. Robinson
Address: Leonardtown Md.

19. 4/4 46 (Date rec'd by registrar) 19 ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3 1946 at 5:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1 1946, to April 1 1946
and that I last saw h... alive on March 25 1946

Immediate cause of death	DURATION
Coronary occlusion	10 Minutes
Due to: Generalized Arteriosclerosis	10 Years
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jno H Patterson M.D.
M. D. or other
Address: Pearson md Date signed: 4-3-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

04061

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown (If outside city or town limits, write RURAL and give nearest town)

Street No. R. F. D. # 1 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James C. Greenwell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Catherine Mann Greenwell

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec 29 - 1899

8. AGE: Years	Months	Days	If less than one day
46	3	23	..... hrs. ..... min.

9. Birthplace: Medley Neck St Marys Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: C. B. Greenwell

13. Birthplace: St Marys

MOTHER — 14. Maiden name: Anna Abell

15. Birthplace: St Marys

16. Informant: C. B. Greenwell Jr

Address: Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 23 1946 (month) (day) (year)

Cemetery or crematory: Our Lady Cemetery

Location: Medley Neck Md

18. Funeral director: W. C. Mattingley Sons

Address: Leonardtown Md

19. 4/23 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20 1946, at 5:00 P.M. Sat

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... on April 20th 1946

Immediate cause of death: Suffocation

DURATION

Due to: Acute Alcoholism & inability to throw himself

Due to: ashes burning fallen face forward on the bed.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: F. F. Greenwell MD M. D. or other

Address: Leonardtown Date signed 4-22-46

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

C4662 286

Reg. Dist. No. .....

1. PLACE OF DEATH:

County St. Mary's

City or town Rural (Palmers)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural (Palmers)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Francis Bruce Herbert

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	w	married

6.(b) Name of husband or wife Blanche Herbert

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 2-14-1877

8. AGE: Years	Months	Days	If less than one day
69	1	19	..... hrs. ..... min.

9. Birthplace Chaptico Md (Town, county, and state)

10. Usual occupation Ag Farming

11. Industry or business

FATHER 12. Name John Herbert

13. Birthplace Chaptico

MOTHER 14. Maiden name Ann Rebecca Herbert

15. Birthplace Chaptico Md

16. Informant Blanche Herbert

Address Colton Point Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-4-46 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood

18. Funeral director W.C. Matthews Sons

Address Leonardtown Md

19. 4-2-1946 (Date rec'd by registrar) R.V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2-46 19.... at 9 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19.... to — 19....

and that I last saw h— alive on 4-2- 19.46

	DURATION
Immediate cause of death Cerebral apoplexy, Embolism	1 hr.
Due to Cerebral Sclerosis	4 yrs
Due to Chronic nephritis	6 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 4-3-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04663

Reg. Diat. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred: St Marys Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Gertrude V Herbert

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Color	married

6.(b) Name of husband or wife: Eddie Herbert

6.(c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): July 25 1920

8. AGE: Years: 25 Months: 8 Days: 25 If less than one day: hrs. min.

9. Birthplace: Cal St Marys Md
(Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business

FATHER
12. Name: Charles Beander
13. Birthplace: St Marys Co

MOTHER
14. Maiden name: Mary Evans
15. Birthplace: St Marys Co

16. Informant: Eddie Herbert
Address: Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 21 1946 (month) (day) (year)

Cemetery or crematory: St Johns Cemetery

Location: Hall Wood Md

18. Funeral director: W C Mattingley Sons

Address: Leonardtown Md

19. 4/19 46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1946, at 12 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1946 to April 18 1946 and that I last saw h.. alive on April 18 1946

Immediate cause of death	DURATION
Coma	3 days
Due to: Diabetes Mellitus	not known
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert V. Fuchs M.D.
M. D. or Other

Address: Leonardtown, Md. Date signed 4/19/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04664

Reg. Dist. No. 284

1. PLACE OF DEATH:
County: Mechanicsville Md
City or town: St. Marys Co.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St Marys
City or town: Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: WEBSTER LEO Higgs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6.(b) Name of ~~husband~~ wife: Anna P. Higgs
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 5-17-1877

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
68	11	29		

9. Birthplace: MECHANICSVILLE MD
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business

FATHER
12. Name: Henry E. Higgs
13. Birthplace: St Marys Co Md

MOTHER
14. Maiden name: Mary D. Hayden
15. Birthplace: St Marys Co Md

16. Informant: Anna P. Higgs
Address: Mechanicsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 10/46 (month) (day) (year)
Cemetery or crematory: Christ Church
Location: Chaptico, Md
18. Funeral director: Hesdett & Ryon
Address: Maddox, Md.

19. April 9 1946 McElwaine Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1946 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan — 1946, to April 7 1946
and that I last saw h~~im~~ alive on April 7 1946

Immediate cause of death: Pulmonary Tuberculosis — DURATION: ?
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Alexius C. Welch M.D.
M. D. or other
Address: Chaptico Maryland Date signed: 4/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24)

CERTIFICATE OF DEATH

04165

Reg. Diat. No. 787

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:
St Marys Hospital

How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Bush Wood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Samuel B. Hill

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Ada Hill

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 11 - 1883

8. AGE: Years	Months	Days	If less than one day
62	11	3	hrs. min.

9. Birthplace: Mechanicsville St Marys Md
(Town, county, and state)

10. Usual occupation: merchant

11. Industry or business

FATHER
12. Name: Grant Hill
13. Birthplace: St Marys Co

MOTHER
14. Maiden name: Margt E. Hill
15. Birthplace: St Marys Co

18. Informant: Carlins Hill

Address: Abell

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 16 1946 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cemetery

Location: Bush Wood Md

18. Funeral director: W. C. Matthews Sons

Address: Leonardtown Md

19. 4/15/1946 (Date rec'd by registrar) Carnalea Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1946, at 9:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1946, to April 14 1946 and that I last saw h alive on April 13 1946

Immediate cause of death: Carcinoma of Liver — DURATION: 7

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Francis A. Carnalea M. D. or other

Address: Leonardtown Date signed: 4/15/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for the change of age of deceased is shown on

FILM No. 104 JUN - 4 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

64066

Reg. Dist. No.

1. PLACE OF DEATH

County: St Marys

City or town: Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: St Mary's Hospital

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: St Marys city

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Margaret Helen Knott

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

9.(b) Name of husband or wife: Charles Henry Knott

6.(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): July 2 1917

8. AGE:

Years	Months	Days	If less than one day
28	9	27	hrs. min.

9. Birthplace: Scotland St Marys Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER — 12. Name: George Greene

13. Birthplace: St Marys co

MOTHER — 14. Maiden name: Emma Greenwell

15. Birthplace: St Marys Co

16. Informant: Charles H Knott

Address: St Marys city Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 24 1946 (month) (day) (year)

Cemetery or crematory: St marys city

Location: St Marys city Md

19. Funeral director: W C Mattingly Son

Address: Leonardtown Md

19. (Date rec'd by registrar) 4/23 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1946 at 11.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 1946 to April 21 1946 and that I last saw her alive on April 21 1946

Immediate cause of death: Pneumonia (Lobar) — Duration: 4 days

Due to:

Due to:

Other conditions: Diabetic acidosis — 3 days

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Julian S. Dane M. D. or other

Address: Leonardtown Date signed 4/22/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

04067

Reg. Diat. No. 286

1. PLACE OF DEATH:

County: Spencer

City or town: Rural about

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Washington D.C. County: Dist Col.

City or town: 1121 Columbia Rd. NW

(If outside city or town limits, write RURAL and give nearest town)

Street No.: ✓

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Madelene F. Matthews

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	col	Single

8.(b) Name of husband or wife: —

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 9-10-1884

8. AGE: Years	Months	Days	If less than one day
61	7	11	..... hrs. ..... min.

9. Birthplace: Petersburg Va (Town, county, and state)

10. Usual occupation: Teaching

11. Industry or business:

FATHER — 12. Name: John W. Matthews

13. Birthplace: Washington DC

MOTHER — 14. Maiden name: Frances R. Matthews

15. Birthplace: Wash DC

16. Informant: John W. Matthews

Address: 1121 Columbia Road NW

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-24-46 (month) (day) (year)

Cemetery or crematory: Harmony

Location: Washington DC

18. Funeral director: Robert F. McGuire

Address: 1820 R St NW

19. 4-22 1946 (Date rec'd by registrar) N.V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-21- 1946 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19.. to — 19..

and that I last saw her alive on 4-21- 1946

Immediate cause of death	DURATION
acute indigestion from eating	Sudden
Due to chronic Pericarditis	
Due to Angina Pectoris	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Robert V. Palmer M. D. or other

Address: Arcanum Md. Date signed 4-22-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04068 281

1. PLACE OF DEATH:

County: St. Mary's County

City or town: US NAS Patuxent River Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 1/2 days

Hospital, Institution, or street address where death occurred:
Dispensary, US NAS Patuxent River, Md.

How long in hospital or institution? 1 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Rural Great Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Chancellors Run Road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: NORRIS, Raymond

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 16 December ~~1926~~ 1927

8. AGE:

Years	Months	Days	If less than one day
18	3	23	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Student

11. Industry or business: High school

FATHER
12. Name: Joseph Norris
13. Birthplace: Hollywood, Md

MOTHER
14. Maiden name: Lula Abell
15. Birthplace: California, Md

16. Informant: Joseph P Norris
Address: Great Mills, Md

17. ~~Removal~~ Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1946 (month) (day) (year)

Cemetery or crematory: Holy Face Cemetery

Location: Great Mills, Md

18. Funeral director: Mattingly Funeral Home

Address: Leonardtown, Maryland

19. April 9 1946 (Date rec'd by registrar) P J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 19 46, at 3:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1946, to April 8 1946 and that I last saw him alive on April 8 1946

Immediate cause of death	DURATION
Intracranial Injury	2 days
Due to: Fractured skull	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: April 7th

Where did injury occur? California (City or town) St. Mary's (County) Md. (State)

Injured at home, farm, industry, public place (where?): Highway 235

Means of injury: Auto accident Injured at work? No

W. H. Gulledge
W. H. GULLEDGE, Commander (MC) USN

23. SIGNATURE:

M.D. or other

Address: US NAS Patuxent River Md. Date signed: 4-8-46

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING